

950

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Maricopa State Ariz.
District or Township _____ or Village _____
City Phoenix No. St. Joseph Hosp. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number).
2. FULL NAME Augusta Miller
(a) Residence, No. Miss Ariz. St. _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Widowed
(Write the word)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) 1870
7. AGE Years 59 Months _____ Days _____ IF LESS than 1 day _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Utah
10. NAME OF FATHER James Furston
11. BIRTHPLACE OF FATHER (State or country) England (city or town) _____
12. MAIDEN NAME OF MOTHER Polina Furston
13. BIRTHPLACE OF MOTHER (State or country) England (city or town) _____

MEDICAL CERTIFICATE OF DEATH

10. DATE OF DEATH Feb. 16 1930
Month Day Year
17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1930 to Feb. 16, 1930.
I last saw her alive on Feb. 16, 1930.
and that death occurred, on the date stated above, at 7 A. M..
The CAUSE OF DEATH was as follows:
Myocarditis, with pulmonary edema
Chronic nephritis
(duration) 4 yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) 4 yrs. 2 mos. ds.
18. Where was disease contracted if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? Autopsy
(Signed) Dr. J. H. ... (Address) Phoenix, Ariz. M. D.
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Miss cemetery

2-18-30

20. UNDERTAKER

ADDRESS

MELORUM MORTUARY

Phoen, Ariz.

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.